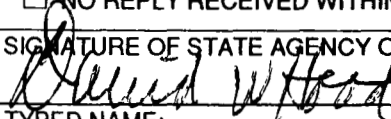
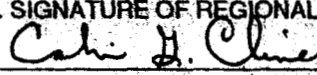


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 0 — 0 3 1</u>	2. STATE: Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2000	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) —			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.352		7. FEDERAL BUDGET IMPACT: a. FFY <u>2000</u> \$ <u>5.69</u> b. FFY <u>2001</u> \$ <u>23.01</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 9, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME (TN 00-09) Pending	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%) reduction previously made in the reimbursement for Family Planning Clinics.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: David W. Hood			
14. TITLE: Secretary			
15. DATE SUBMITTED: September 25, 2000			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <u>07-27-00</u>		18. DATE APPROVED: June 6, 2001	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2000		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Calvin G. Cline		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 9. Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial Care and Services	Clinic Services (Other than Hospitals)
42 CFR	Item 9.	reimbursed as follows:
447.352		

I. Method of Payment

A. Mental Health Clinics, Family Planning Clinics, End Stage Renal Disease Facilities, and Radiation Therapy Centers.

- (1) Payment to public mental health clinics is made for these services on the basis of costs.

Payment to family planning clinics is made at the same prospective fee for service as authorized for Physicians and other provider services covered under the plan. For those services not covered elsewhere in the plan, payment is based on 1987 audited costs determined to be reasonable. Reimbursement for services provided under this section shall be adjusted to reflect any rate increase granted under Physician and other provider services covered under the plan. Those services not covered elsewhere in the plan shall be limited to the average cost granted for other similar services provided under this section.

- (2) Payment to private mental health clinics is based on charges not to exceed a reasonable rate set by the State. Public clinic cost data will be used as one of the determinants of forming a basis to establish rates for private clinics. Charge data will also be a factor in rate determination.

- (3) Payment to freestanding End Stage Renal Disease (ESRD) facilities and radiation therapy centers are reasonable charges not to exceed Medicare payments.

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-27-00</u>	
DATE APPV'D <u>06-06-01</u>	
DATE EFF <u>07-01-00</u>	
HCFA 179 <u>LA-00-31</u>	

TN# 00-31 Approval Date 06-06-01 Effective Date 07-01-00

Supersedes

TN# 0009